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Book Review Section

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ALUMNI ASSOCIATION OF THE
MASSACHUSETTS COLLEGE OF OPTOMETRY

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The editorial staff welcomes all comments and suggestions regarding the format, contents, and contributions of news items concerning alumni as well as publishable articles. This is your journal which, with your help, can serve as a forum for discussions, opinions, evaluations of various clinical tests and procedures or any topics of mutual interest.

Annual Report of the President of the College 1972 - 1973

The College has continued to advance on many fronts during the past year. Implementation of the new curriculum initiated in 1970 continues apace; budgeting and financial planning have been improved markedly; applicants with baccalaureate degrees and high scholastic credentials continue to increase in numbers--particularly are we succeeding to meet our obligation to bring more women and more minority students into the profession. The faculty has been strengthened by important new additions. These traditional indices of institutional progress reflect growth and forward movement. However, we continue in crisis caused by limited financial resources and uncertainty concerning federal support funds on which we have come to depend heavily. We are also limited in many ways by our isolation from other academic enterprises. Major effects of inadequate financial support have resulted in an increased student/faculty ratio in the Visual Sciences Division; cutbacks in continuing education; reduced support of faculty research; reduced time for planning and evaluation.

In order to ameliorate the enervating effect of our meager financial base and our academic isolation, two of our major goals for the year ahead are to invest much of our energies in seeking capitation support from the states whose students we serve and to set a firm course for affiliation with an academic health center. It is worth noting here that the Association of Academic Health Centers at its September 1973 meeting, endorsed the principle that optometric education is best carried out in coordination with other health education programs at an academic health center.

ACADEMIC PROGRAMS

In addition to the traditional four-year O.D. program, we maintain a special two-calendar-year program leading to the O.D. for students who have earned a Ph.D. in the sciences. We also cooperate with Fisher Junior College in a two-year program for Optometric Technicians which leads to the A.A. degree. We recognize that continuing education of New England optometrists is an institutional obligation and we provide programs for this purpose to the extent possible. We also recognize that our total resource for this important service to our alumni and to the profession should be greater.

Dr. Paul Lappin assumed the directorship of the Division of Visual Sciences on January 1, replacing Dr. John Carter, who became Academic Dean and Acting Director of the Patient Care Division. Dr. Hyman Kamens, Dean of Administration, directs continuing education programs, and Dr. Mary Scott directs the optometric technicians program. Dr. Lappin has continued the excellent leadership provided by Dr. Carter in the Visual Science Division. Although hampered by lack of funds and reduced faculty, good progress is being made in improving laboratory instruction; especially in physiological optics. Major objectives for the coming year include developing full laboratory schedules in each visual science course; expanding the involvement of faculty in basic research; and filling teaching gaps in all subject areas.

Dr. Carter has sharply increased the analysis and implementation of curriculum design in the Patient Care Division so that the development level here is near that of the Visual Sciences.

A severe personal and professional loss to all of us occurred with the death of Dr. Marshall Mark who was responsible for one of the core courses in general optometry. A memorial resolution acted upon by the Board at this meeting will be included with this report when it is published.

Our faculty shortage in the area served with such dedication and success by Dr. Mark is now most acute. Dr. Carter will concentrate major efforts this year towards improving the curriculum in general optometry, rehabilitative optometry and social optometry; and in coordinating didactic instruction in the Patient Care Division with Visual Science and with the clinical instruction program.

In spite of the limitations imposed on our continuing education efforts, Dr. Kamens has initiated a one-year program of weekly instruction for approximately twenty optometrists. He is also planning a number of brief courses for practitioners, including a special Spring Educational Seminar for those contributors to the Building Fund who are designated as Patrons or Life Alumni.

Dr. Mary Scott has provided able leadership for the development of the optometric technicians program since it began in the fall of 1971. Federal funds which have supported this program during its second and third years are very likely to be withdrawn at the end of this academic year; the program will therefore be difficult to sustain. However, I believe it to be vital to the maximization of optometric development, and we will make every effort to

find the resources necessary to sustain this important program.

We believe also that the special two-calendar-year O.D. program must be continued and strengthened if at all possible even though it makes significant added demands on an already overtaxed faculty. The danger of these important and stimulating programs becoming casualties of our financial limitations should impress upon all of us to do what we can to remove that danger.

Three members of the Visual Science Faculty left the College at the end of the academic year. They are: D. J. Lovell (optics), Dr. Eugene Craig (behavioral sciences) and Dr. Jerry Christensen (physiological optics). Dr. Paul Pease joined the faculty on January 1, coming from University of California, Berkeley, where he is completing work for the Ph.D. He has accomplished a great deal in the short time he has been on the faculty. As acting coordinator of the physiological optics track, he has improved the design of this subject area and has developed a number of added teaching laboratory experiments.

CLINICS

Dr. Charles Mullen has continued the expansion of clinical facilities and patient encounters at a dramatic pace. Gross income has increased from $43,000 in 1968-1969 to a projection for the current fiscal year of $315,000. His four-year tenure as Director of Clinics has not only permitted marked improvement in clinical training of students, but these added funds have helped offset the sharply decreased federal support. Dr. Jeffrey Schaeffer has come to us this fall from Pennsylvania College of Optometry and the University of North Carolina (where he earned the M.P.H.). He directs the general clinic and special community service programs. Drs. Mullen and Schaeffer are striving to develop fully adequate relationships with other teaching clinics; they are seeking new community clinic affiliations to meet the demands of our expanded assignment of student time to clinics and to provide for our enrollment expansion of the last three years.

Our clinics have been through varied and extensive evaluations during the year past. As a consequence a series of recommendations have been made concerning improving teaching, patient services, financial management and continuous evaluation. A plan for implementation of these recommendations has been developed. The second major goal of the administrators of the clinics is to fully effect these plans.

FINANCIAL

The audit of the financial records of the College for the past fiscal year is not yet complete. We anticipate, by cutting back sharply on budgeted equipment and personnel and by receiving special funds for schools in financial distress from H.E.W., that the fiscal year terminated with little or no deficit. The current budget is clearly one which is austere and limiting on improvement of quality and expansion of programs to meet institutional service commitments.

On July 1, a computerized system for financial accounting and reporting was initiated after many months of intensive preparation. The accounting and reporting system are now operated according to the guidelines of the American Institute of Certified Public Accountants. We believe that we are well on the way to having an efficient and effective business management function.

Once again the fate of our operating budget status at year's end will hinge on now unassessable decisions with respect to federal funds. This college, along with other U.S. schools of optometry, podiatry and pharmacy, has brought suit to have restored to us those appropriated funds which were impounded by executive order. For us this sum amounts to $101,000. If these funds are restored, then we will be able to reduce our financial distress funding request to one half (or less) of support received from this source during each of the last two years.

Regarding the operating budget--we have no doubt that, even though the expense budget has been very tightly drawn, expenses can be held to those which are budgeted. Income may be divided into that which is determinable and that which must be estimated. This latter category includes that derived from federal sources, annual fund raising, clinic income, income from the applied research laboratories and noncontract clinic income. Projection for these has been, we believe, conservative. We have the least experience on which to base fund raising projections. The $60,000 which is estimated from annual fund giving this year will require a concerted effort and dedicated generosity from alumni and friends of the College.

The capital expenditures and income relationship depends heavily on whether we dispose of the property we own at 178 Newbury Street. If a buyer accepts the cost figure established by the Board of Trustees, we will surely meet our total commitment on schedule--or ahead of schedule. If we do not, we will continue to be plagued by the problems this situation imposes. At the time this is written, we are negotiating with a national organization and have been assured an offer will be made at the price proposed if the City of Boston approves the plans submitted.

This will then be another year filled with exigencies and contingencies which sharply limit effective planning and growth.

GENERAL ADMINISTRATION

Mr. Joseph Jefferson, Vice President, is starting his second year of developing programs in external and student affairs. Emphasis since January 1 has been on developing our fund raising capacity for operating and capital funds from the private sector. Mrs. Sally McLellan, who has an excellent background and experience in this area, began service as Administrative Secretary to Mr. Jefferson last June. Goals have been set for the building fund, annual fund, and other endowment or special fund efforts.

This emphasis will require that the student affairs functions be decreased even further than they were after January 1. The major responsibility in this area will be in directing the admissions and financial aid programs. A special committee of the faculty has been elected who will have admissions activity as their sole function. This committee will work closely with Mr. Jefferson in reviewing and establishing admission and financial aid policies. The sharp increase in numbers of applicants poses certain processing and handling problems. The increase in quality and preparation of the applicants represents a welcome challenge to the faculty and to those engaged in planning the curriculum. A profile of our entering classes and a tabulation of the total enrollment are included in the Appendix to this report.

Major goals for general administration for the coming year are: to complete the implementation of the comprehensive plan for evaluation of programs and for quality control and to improve relationships between all constituencies of the College; set the course for affiliation; seek to secure state capitation support.

Our concerns continue as does our progress. One must digest this report with a feeling of the ambivalence that accompanies its writing. There is discouragement in the knowledge that decisions in which we have little or no input have crucial effects on our institutional goals, but there is hope and even expectation in knowing that our successful growth and progress are essential to the public welfare. There is a growing spirit of concern and a growing strength from participation of all of the family groups that comprise the Massachusetts College of Optometry. As these trends continue to grow, so will the justification of the optimistic view of our future, which I firmly hold.

William R. Baldwin, President

October 24, 1973

Dr. Slobins Elected to Board of Trustees

Revised Alumni Constitution Approved at December 8th Meeting

A project assigned to the Parliamentarian Committee of the Executive Board of the Association one and one half years ago was finally completed December 8th at the Holiday Meeting held at King's Grant, Danvers, Mass.

A voice vote approval of a revised Constitution brought about several changes in the Alumni Association set-up. The number and duties of Officers, Directors, and Advisors of the Executive Board were completely and carefully defined. Dues in various categories were raised in amount in order to bring revenue in line with the increased responsibilities and expenses of running the Association. A vote of thanks was given to the Committee involved in the long awaited Revised Constitution. The Committee consisted of Dr. Joseph Craven, '43, Dr. John Callinan, '63, Dr. Robert Kraus, '43, Dr. Morris Berman, '30, Dr. Albert Glickman, '42.

Another highlight of the meeting was the announcement of the results of the balloting for the election of the Alumni Representative to the Board of Trustees of the College. The count revealed that 20% of the elegible members voted and selected Dr. Solomon Slobins, '50, of Fall River, Mass. Dr. Slobins will join our other two Representatives on the Board of Trustees during January of 1974 and will serve for three years.

After the business portion of the meeting was partially concluded, Dr. Paul Montminy, President of the Alumni Association, welcomed the 74 guests, thanking those who attended despite the restrictions in travel and speed brought about by the "energy crisis". Some alumni, including Dr. Slobins and Dr. Alfred Roy, drove for two hours in order to demonstrate their loyalty and support of the Association. Dr. Berman, Executive Secretary of the Association, was called upon to give his report and he pointed out the increasing difficulties of getting alumni to attend, in any great number, the three meetings scheduled

for each year. He said that some thought is being given to cutting down the general meetings to two per year. Contact with and involvement with the administration of the Association will be, of necessity, through telephone or letter. Dr. Berman reported that the active, paid-up membership (listed elsewhere in this Journal) represents 50% of elegible Optometrists and at this date, December 8th, numbers 100 more than listed at this date last year. He also reported that the Association is still financially solvent, with $5,000 on deposit in the Student's Emergency Loan Fund and approximately $2,000 in bank accounts.

The balance of the evening was thoroughly enjoyed, dancing to the exciting music of Artie Barsamian's Orchestra, watching the performance of a specialty dancer (accompanied from time to time by Dr. Joseph Craven and Dr. Aram Gulezian) and listening to the special drum work of our Vice-President, Dr. Henry Boroyan. The drawing of the many door prizes also added to the many expressions of satisfactioon with a well-planned Holiday Meeting.

ADVANCE NOTICE **ADVANCE NOTICE** **ADVANCE NOTICE**

All alumni and friends of M.C.O. who expect to attend the annual congress of the New England Council of Optometrists and who would like to make advance reservations for the annual luncheon of the Alumni Association to be held on March 17th, 1974, are requested to fill out the reservation slip attached below. Judging by past experience, all available seats and meals are called for by the time the annual affair opens. Don't be one of those who mill around the door of The Commonwealth Room at the Sheraton-Boston hoping for some reserved space to be unoccupied.

No other notice of this annual luncheon will be mailed to you due to present emergency economies! Reserve for yourself, your families, and all interested!! Tickets and further information will be sent to all who fill out this advance reservation slip!!!

ADVANCE RESERVATION SLIP FOR ANNUAL LUNCHEON OF ALUMNI ASSOCIATION OF M.C.O.
SUNDAY, MARCH 17th, 1974 at 12:00

PLEASE RESERVE_____ PLACES FOR:

NAME_____

ADDRESS_____ CITY_____ STATE_____

Please mail this slip to: DR. MORRIS L. BERMAN, Executive Secretary, Alumni Association, Mass. College of Optometry, 424 Beacon Street, Boston, MA. 02115

Bill and tickets will be mailed before March 1st IF reservation is received in time. Help us and yourself! Mail slip NOW!!

Environmental Vision and the Optometrist

Paul W. Lappin, O.D., Ph.D.

ABOUT OUR AUTHOR

Paul W. Lappin is a graduate of M.C.O. He took his undergraduate training at M.I.T. in physics and received the M.S. and Ph.D. degrees in physiological optics from Indiana University. Dr. Lappin is presently Director of the Visual Sciences Division and Associate Professor of Environmental Vision at M.C.O.

Environmental vision may be defined as that field of study concerned with those aspects of the physical environment which adversely affect the eye or visual processes. Adverse environmental effects can range from the destruction of an eye by a high-powered laser to the disability glare suffered by a driver from on-coming headlights - from the visual "blackout" due to retinal ischemia from accelerative forces to the industrial worker's inefficiency and excess spoilage caused by inadequate lighting on an occupational task area.

The adequate stimulus to vision is electromagnetic radiation within a very narrow range of frequencies - from about 4 to 8 x 10^{14} cps, an almost insignificant part of the entire frequency range of the spectrum, less than 1 part in 10^{20}. Environmental vision is concerned with the effects or possible effects on the eye and visual processes of radiation at frequencies outside the visible spectrum.

Although the visual apparatus is capable of response over an enormous range of luminance levels - as much as 12 decades, from about 10^{-6} mL to 10^{6} mL– our useful range is much smaller. While it is true that after sufficient adaptation we can make our way in the dark at levels as low as 10^{-3} or even 10^{-4} mL, we are not capable of any useful visual activity at these levels. Effective visual performance is possible only within a relatively small luminance range, from perhaps 1 mL to several

thousand, beyond which point we begin to suffer from dazzle. The effect on visual performance of light levels below optimal levels, as well as the physiological effects of glare and flashblindness, and the pathological effects on the eye of excessive radiation such as the sun, nuclear detonations, welding and cutting sources, lasers and other high intensity sources are important areas of study.

The effect on the eye and visual processes of external forces and those environmental conditions, described as hostile environments, must be considered. The effect of accelerative force or its absence, high G-forces and zero gravity, vibration, the various types of noxious atmospheres or the lack of one, are all significant areas of environmental vision.

The industrial and occupational environments, both from a standpoint of eye hazard and visual efficiency and performance, are certainly areas of concern in environmental vision, as well as the visual and perceptual problems involved in driving.

Clearly, many aspects in the broad field of environmental vision are beyond the scope of optometry. Optometrists, however, many with advanced training, have been involved in essentially every area of environmental effects on the eye and vision. They are engaged in research on the ocular effects of nuclear detonations, laser, ultraviolet, microwave, and ionizing radiation. Optometrists have been instrumental in the design of visors used in space and have made important contributions in studies of perceptual and visual problems in space. The work of optometrists in driving and industrial vision is well known. Although some have been working in basic research investigations of ocular damage, the majority of optometrists working in these fields have been concerned with protection of the eye and the enhancement of visual activity under various adverse environmental conditions.

Whereas environmental vision is generally concerned with the basic effects of adverse environments on the eye and visual processes, the application of this knowledge toward the protection and enhancement of visual performance properly falls within the scope of optometry. We can thus define the field of environmental optometry as that aspect of optometry concerned with modifications of, and adaptations to physical environments to protect the eye or to maximize visual efficiency within these environments. The field of environmental vision requires the input of many scientific disciplines, from the mathematician, engineer, and physical scientist, to the psychologist and biomedical scientist. Optometry, on the other hand, is uniquely qualified to apply knowledge of environmental vision toward the protection of the eye in adverse environments or to the enhancement of visual processes within these environments. The environmental optometrist requires a thorough knowledge of environmental vision, but is basically concerned with the application of this knowledge toward the alleviation of human problems.

The environmental optometrist has an important role to play in all areas of adverse environmental influences to the eye and vision. Ocular effects have been demonstrated from various types of radiation outside the visible spectrum. The abiotic effect of ultraviolet on the cornea has been known for many years. Corneal changes have been shown to occur with relatively low doses of ultraviolet radiation peaking at about 280 nm. Effects on the retina from crystalline lens fluorescence or from the possibility of frequency doubling of intense green light are still unexplored.

The effect of microwaves in cataract formation is of present concern because of the ever-increasing power output of radar transmitters and the recent increase in popularity of microwave ovens. The U.S. Department of Radiological Health is currently investigating this problem and is establishing maximum permissible exposure levels to this potentially hazardous radiation. The effect of infrared on the cornea is of concern, while the possible effect of infrared in raising the temperature of the retina has not been examined. X-rays and other forms of ionizing radiation have been shown to have deleterious effects on the eye, although the threshold damage doses for the eye are generally higher than those of other bodily organs and tissues. Once the hazard to these forms of radiation has been delineated in terms of threshold damage doses, then ocular protection, either in terms of modifying the environment to reduce the hazard, or eye protection in the form of filters is an important area of interest to environmental optometry.

Because of the focusing power of the eye, intense radiation in the visible and near visible spectrum is capable of causing retinal burns at levels far below those affecting any other bodily tissue. Although cases of solar retinitis have been recorded since the early ages, little quantitative research in this area was conducted prior to the advent of the nuclear age. It was predicted and then demonstrated that retinal burns could result from a momentary exposure to even a low-yield nuclear detonation. The proliferation of lasers in the past few years has dramatically accelerated research in this area. It is estimated that there are over 100,000 small helium-neon lasers in use in this country, many in high schools and even junior high schools.

After many years of deliberation, the Z-136 Committee on Laser Safety of the American National Standards Institute has finally submitted its recommendations for permissible exposure levels of laser radiation. The safe and damaging exposure levels to lasers emitting in the various modes and wavelengths are of interest to environmental optometry. Using the available information, the determination of the proper types of protection for each, and the basic elements of a laser safety program are well within the scope of the adequately trained environmental optometrist.

Ocular damage from impact in the industrial and occuaptional environment is of vital concern to the environmental optometrist. The evaluation of industrial hazards to the eye, reduction of the hazard by redesign of the task, and protection against the irreducible hazard are prime considerations in effective industrial eye safety programs. Besides direct protection to the eyes, protection must be provided from the eyes themselves; that is, from subnormal visual performance. Industrial vision studies have shown that a high percentage of industrial accidents are attributable to faulty vision or to substandard visual skills.

The occupational environment may not be hazardous, but still considered to be adverse, in that the visual environment may not be the same as that in which an individual was examined when his visual correction was prescribed. In the examining room we try to create an ideal artificial environment in terms of lighting, contrast, comfort, and even as far as viewing distances are concerned. However, the individual will spend one-half or more of his waking hours in his occupational environment which may be completely different from that of the examining room in terms of task lighting and contrast and especially his working distance and direction of gaze. Studies conducted with hundreds of thousands of workers show a definite correlation between workers' efficiency and their visual performance. Surveys have repeatedly shown an increase in production efficiency when workers have been brought to their maximum visual efficiency for their particular job function.

The optometrist working with industry evaluating visual performance of workers with relation to the individual job requirements is performing a valuable service. To realize its full potential, however, environmental optometry must also be concerned with all environmental influences to the eye and vision in the industrial setting. The adequacy of general and task illumination, the identification of hazardous areas and procedures, and eye protection in the form of goggles or safety glasses where required, to protect against flying objects and hazardous radiation are all important areas for environmental optometry. The proper protecton for the different types of arc and gas welding and cutting and other forms of damaging radiation, as well as implementing a laser safety program, if lasers are used, are all areas in which the environmental optometrist should play a major role.

Although the present training in optometry is generally inadequate to fully qualify an optometrist to work in all areas of environmental optometry, expanded studies in the basic sciences, as well as special training in applied areas at the undergraduate or at the graduate level will enable the environmental optometrist to take his place as a recognized expert in these important areas.

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December 1973

To the members of the Class of 1973

Thanks to the thoughtfulness and generosity of the Class of 1973 in giving the Troendle Award to the Massachusetts College of Optometry Library, we have been able to purchase an additional section for the card catalog.

Perhaps you will remember that the shelves facing the windows downstairs in the stack were full of books which were uncataloged, making them difficult to use. This backlog has now been cleared. The added section arrived just in time to accomodate the large number of cards generated.

When you have the opportunity, please do come by and visit. We would be pleased to see you.

Sincerely yours,

F. Eleanor Warner
Librarian

DOES YOUR PRACTICE NEED A RECENT GRADUATE?

Can you use an employee, associate or partner? Do you wish to sell your practice? If the answer is "yes" to either of these questions, complete and return the following to Drs. Hyman R. Kamens or Paul White, Massachusetts College of Optometry, 424 Beacon Street, Boston, MA 02115.

NAME:

ADDRESS:

TELEPHONE NO:

EMPLOYEE: _____ Yes _____ No

ASSOCIATE: _____ Yes _____ No

SELL PRACTICE: _____ Yes _____ No

PARTNER: _____ Yes _____ No

SAVE THE DATE — MARCH 17 — SAVE DATE ANNUAL ALUMNI LUNCHEON

Retinoscopy: Some Reflections

Kenneth Myers, Ph.D.

ABOUT OUR AUTHOR
Kenneth Myers received his Ph.D degree in Physics from The Ohio State University. He is presently a second year student in the new accelerated O.D. program at M.C.O.

Introduction:
In order to not mislead the reader, I confess at the start of being a compulsive nit picker. I am, in fact, sometimes even particular about these nits I pick or attempt to pick and it is a compounding personal quirk that I may be seized by this compulsion at the least convenient times. This particularly occurs, for example, at moments of stress and it is as if my mind were welcoming these seemingly simple diversions as a way of escaping from external ones into the never ending internal sea of confusion. Many times, an hour or so before an important event, say a New England Patriots vs Philadelphia Eagles divisional title football game, I often find myself trying to rope and corral an elusive nit or two and this may, alas, not be a new nit but perhaps only an old familiar one that had somehow escaped from a corner of my mind where it had been held incommunicado.

What's worse, others are also subject to this mania. On the day before he first saw patients at the clinic a classmate, normally a rational type, came to me and said "Say, if you have a high myope, Ken, that you have to walk close to the chart, what can you do if the room is optically folded? You know, in unit 10!" The fear he then felt was indeed real and is, I believe, related to that feeling one gets after having driven the first 50 miles on a vacation trip and then suddenly thinking "did I bring my wallet?"

Finally, unable to continue this suffering alone, I have decided to record a few actual cases. Perhaps this will allow me to purge myself of this awful compulsion and both stand as a testiment to others so afflicted that they are not alone in their plight and, although this is unlikely, as a way of giving the non-nit-picker an insight into the mind of one so addicted.

NIT #1

A retinoscope has two sleeve positions, usually called plano-mirror and concave-mirror (all variations in between are of course possible). These correspond, depending on the manufacturer, to either an extreme up or down position of the retinoscope's rotatable sleeve. Modern instruments produce different beam vergences by varying the distance of the light bulb's filament from the condensing lens. This

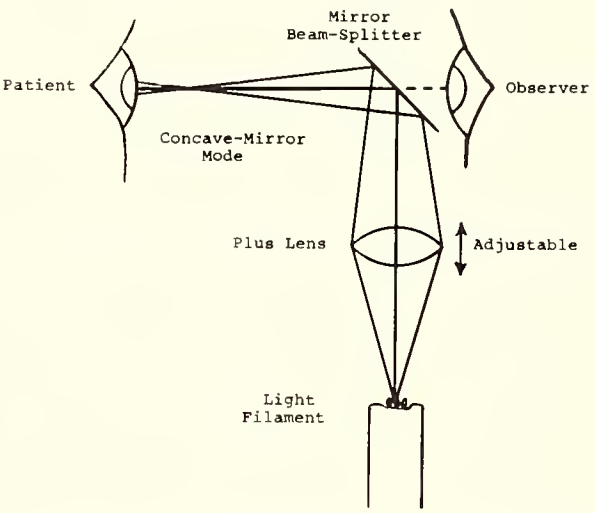

FIGURE 1
The constrution of a modern retinoscope. In some other models the filament, and not the lens, is adjustable to vary the emergent beam's vergence. The beam-splitter is usually a half-silvered mirror or a mirror with a small peep-hole through which the patient's pupil can be observed.

EDUCATIONAL PROGRAM ANNOUNCED
A seminar jointly sponsored by Massachusetts College of Optometry and the College of Optometrists in Vision Development will be held Saturday, March 16, preceding the NECO meeting March 17-19. Ralph Schrock, O.D., Robert Wold, O.D., William Baldwin, O.D., president of MCO, Joyce Adema, O.D., Donald Getz, O.D., Morton Davis, O.D., president of C.O.V.D., and Martin Kane, O.D., will be speakers. Topics will cover various aspects of visual developmental evaluation, analysis and therapy related to learning and perceptual disabilities. Further information can be obtained from Dr. Irwin Nathanson, seminar program coordinator, at MCO.

To All Alumni

If you have shop equipment in good working order that you would like to donate to the college, please call or write Frank Kozol about it. We particularly need a diamond or carborundum hand stone.

UNLESS WE HEAR FROM YOU, WE CAN'T GIVE YOU WHAT YOU WANT FROM THE ALUMNI ASSOCIATION. WRITE TO THE JOURNAL!! MAKE YOUR VIEWS KNOWN!!

results in a beam whose vergence can be varied continuously from slightly divergent (a virtual image of the filament is formed behind the mirror; plano-mirror mode) to convergent and focused about 10 ins. in front of the scope (a real image of the filament;concave-mirror mode). The actual mirror or beam-splitter used in the scope to both direct the beam into the patient's eye and through which the practitioner views the patient's pupil, is thus really flat and is only "bent" by the optics into a "shape" corresponding to something from the plano to the concave-modes. Figure 1 indicates how this is accomplished for a typical mocern retinoscope.

Now, when doing retinoscopy, the handle of the scope and thereby the mirror itself, is rotated back and forth through a small angle through some axis chosen by the practitioner and thus causes the light beam to be swept back and forth across the patient's pupil. Figure 2 shows this motion through an angle alpha and a divergent sleeve position (plano-mirror). This small rotation or rocking of the scope's handle causes the virtual filament image formed behind the mirror to move down while the beam sweeps upwards across the pupil (Fig. 2a), while in the concave-mirror mode (Fig. 2b) the real filament image, formed in front of the scope, moves up or in the direction opposite to that for the plano-mode. Now, independent of the patient's refractive error, this shows that these two sleeve positions produce opposite motions of the filament's image and thereby produce opposite motions on the retina of the eye's image of the filament and, finally, produce opposite motions of the pupil reflex. As all refractionists know, in the plano-mirror mode, a high myope gives an against motion while a patient whose error is more plus than the working distance will give a with motion. As all students learn, to their sorrow, these relations are reversed in the concave-mirror mode. The key then, to the difference between the pupil reflex's direction of motion (assuming a fixed refractive error) is whether the filament's image is with or against the motion of the scope's beam on the patient's eye.

Now human error is always present (particularly with a hand-held instrument) and I got to thinking (unfortunately for me!) about what could happen if the rotation of the scope was not a pure, exact rotation but perhaps also contained a translatory or shifting component. If you scope a schematic eye, for example, and slide the scope (and thereby its beam) up and down across the pupil instead of rocking the scope, you find that nothing changes. Independent of the means used to sweep the beam across the pupil, with motion remains

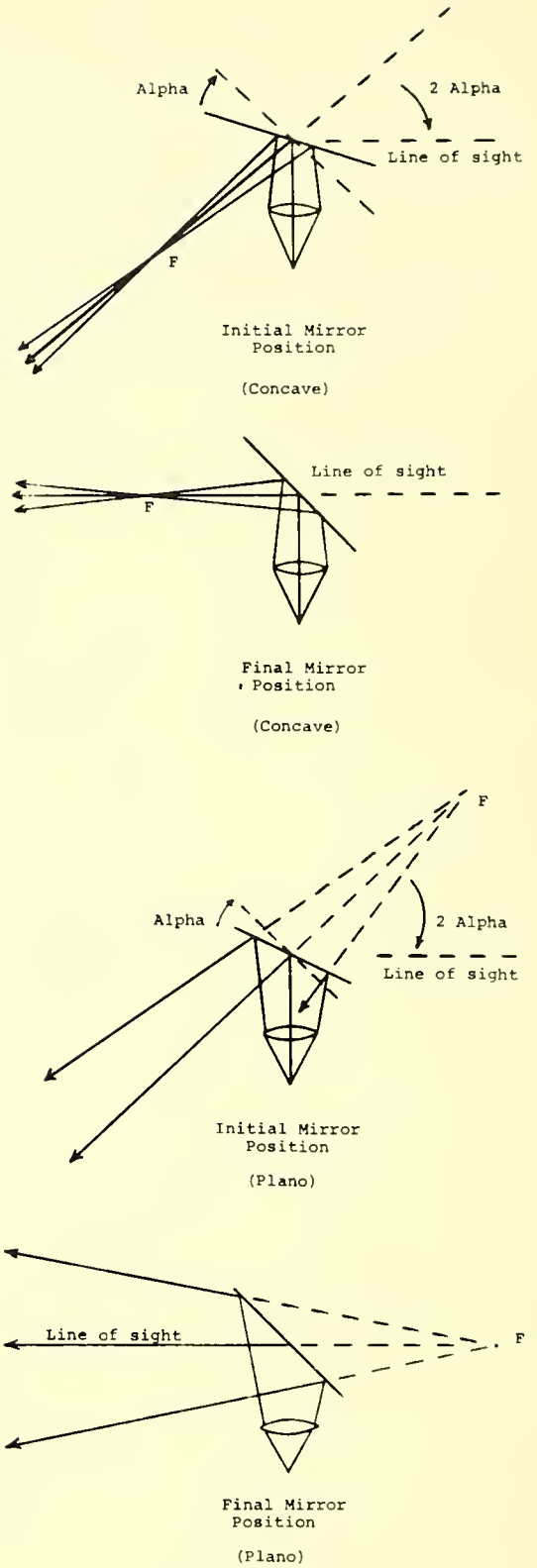

FIGURE 2[a] & 2[b]
The effect on the scope's beam is shown for a small rotation in both the plano-mirror mode and the concave-mirror mode. In both cases the beam is swept upwards across the patient's eye. The plano-mirror's virtual image moves down while the real image of the concave-mirror moves up. The two images thus move in different directions.

with and vice-versa. In other words, in the plano-mirror mode a myope shows against whether the beam is rocked or translated across the pupil and shows with in the concave-mirror mode whether the beam is again rocked or translated across the pupil. This result is indeed comforting since who among us could, by hand, really produce a pure, smooth scope rotation without a translatory component creeping in - only, if rotation axis is in translation direction. The result of both a rotational and translatory motion is known as a screw motion and is, as shown in Fig. 3 when the translation is vertical.

Here is where I should have stopped but it seemed that simple optics should show why these small scope translations do not, fortunately, affect the direction of the pupil reflex. (That is, the reflex's direction appears to be independent of any screw-up.) If you examine Fig. 4 the effect a translation has on the image of the filament should be clear; when the mirror is shifted up, both the divergent, virtual image (plano-mirror) and the convergent, real image (concave-mirror) of the scope's filament move up. But something is dreadfully wrong here! We just agreed that the reflex had to change direction when switching from plano to concave modes but this indicates that the filament image will still move in the same direction and must, therefore, produce identical pupil reflexs. Our previous key, that the two modes yielded opposite motion of the filament's image is no longer working. The reflex's motion is not independent of sleeve position and yet Figure 4 says it is. (Try it

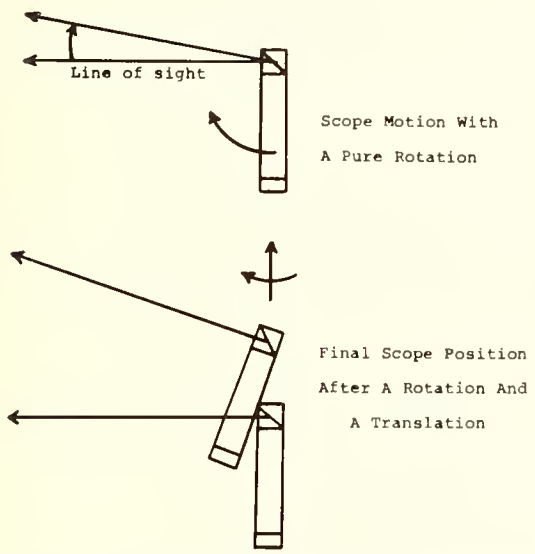

FIGURE 3
The effect of a translation on the scope's filament image. Unlike a rotation, a translation produces motion in the same direction for either the plano or concave-mirror modes. This leads to the question posed in the text.

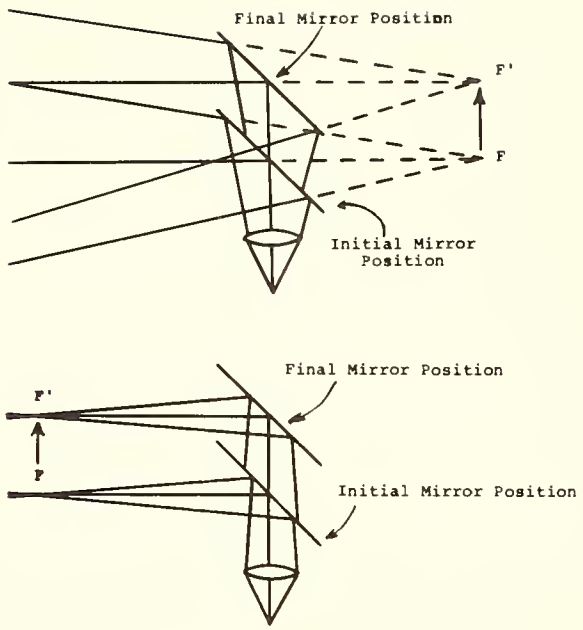

FIGURE 4
The effect of a translation on the scope's filament image. Unlike a rotation, a translation produces motion in the same direction for either the plano or concave-mirror modes. This leads to the question posed in the text.

yourself, the reflex reverses with mirror position.)

Let me repeat this: I observed that in doing retinoscopy, a translatory motion will always give the same pupil reflex motion as a rotation (constant refractive error), with remains with and against remains against motion. We know also, that if the scope's sleeve is changed from the plano-mirror to concave-mirror mode, the motion of the pupil's reflex always changes its direction. But Figure 4 would seem to say this can not occur for, under a translation, both mirror modes produce the same motion of the filament's image in front of the patient and thus, it would appear, the same reflex motion in the pupil.

A terrible, persistent fear is growing that I have overlooked a simple, embarassingly plain explanation, one so elemental that I will, for failing to grasp it, never again be able to look a patient in the pupil.

NIT #2

It is the hallmark of any addiction that pain of withdrawal only produces a stronger craving for a "fix". While trying to "fix-up" nit #1 I noticed another strange thing. I was shining the scope's light beam into my own eye and in my desperation was hoping that something else was happening that I could only see from the patient's viewpoint. Just as I could first see the scope's light as it entered the edge of my eye, I noticed that the light was highly colored. It was, in fact, a bright blue in the

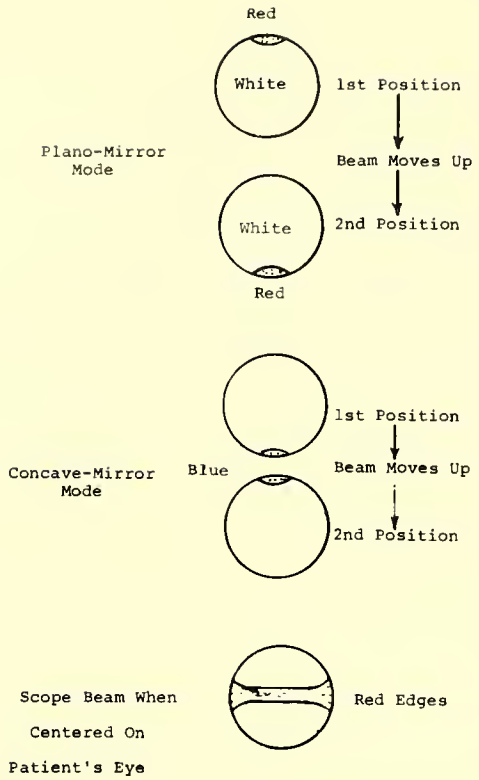

FIGURE 5

How the scope's beam looks when shone into one's eye. Top: As the plano-mirror mode scope is swept up across the eye, a small red spot is seen at the very first and last. Bottom: As the concave-mirror mode scope is swept up across the eye, a small blue spot is seen first and last.

concave-mirror mode and bright red in the plano-mirror mode! (See figure 5.)

How can I adequately explain the new fit of depression this plunged me into; here I was, losing sleep over nit #1 and now here comes a new and completely unexpected nit #2. (How unfair could you get?) While #1 seemed to be saying that space was not continuous under rotations and translations, #2 was telling me that a white light looked red or blue, depending on how you looked at it!

I quickly went through a partial list of causes. Maybe only the scope's rays that are more strongly refracted at my cornea are first able to get pass the pupil. But this would be the blue light and the light is red under plano-mirror. (Why, in fact, should moving the sleeve change the color from red to blue?)

Light scattering? The scattering would have to be quite strong and would, anyway, be in the wrong direction. Stiles-Crawford effect (type 2), patently impossible. Etc., etc.

This problem, together with the first, got to me so bad that one morning I got up from a sleepless night to go to a lecture at the school by Dr. Carter. Some how, in my confused state of mind, I got in the wrong classroom. The class had been under way for 15 minutes before I figured out what had happened and I was

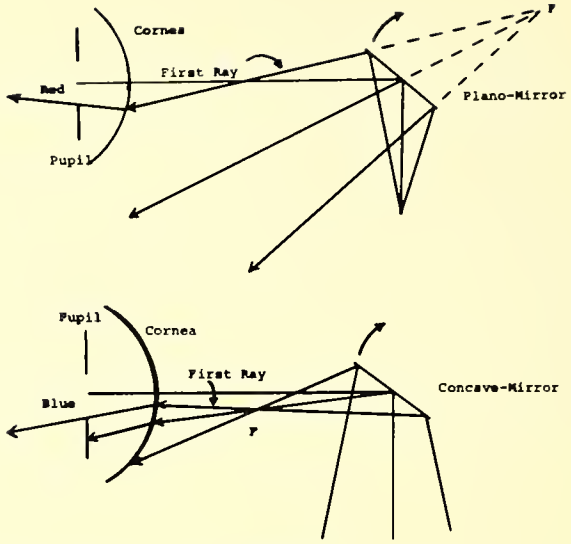

FIGURE 6

Ray diagrams for the situations of figure 5. Figure 7 gives the explanation of the effect.

trapped! (Like a rat you may be thinking by now.) But there is more; as I began to become aware of my surroundings I realized that the lecture was (and this almost put me over the brink) on retinoscopy!

I did find, by pure luck, a solution to #2. I happened to shine the scope on a white wall and saw that there were colored fringes around its borders. The rest was easy. The scope's condensing lens has, like all uncorrected lenses, chromatic aberration and as a result blue is focused closer to the lens than red. Or, in other words, the vergence of blue is greater after passing through the lens. (Figure 7.)

The explanation is simply that the rays on the fringe of the beam are, by the nature of the lens aberrations, blue with a concave mirror and red with a plano-mirror. The appearance of the light is shown in Figure 5 and the explanation in Figure 6, and 7.

Perhaps you have been following all this with a sympathetic smile or two but by now you must be wondering how any person could allow himself to sink to such depths of addiction. After all, enough is enough! Be assured, however, that your criticism can not be as severe as mine.

Even when one nit is finally caught and properly disposed there is no real long term relief for another always lurks in the back of your brain. For example, an airplane wing is, as any schoolchild knows, curved on the top so that a lift is produced, keeping the plane airborn (even this idea has come under attack by a professional nit picker). Good for the Wright brothers you might say, but I have to ask how can a stunt pilot fly his plane upside down since then the curved side of the wing, and the lift, is down?

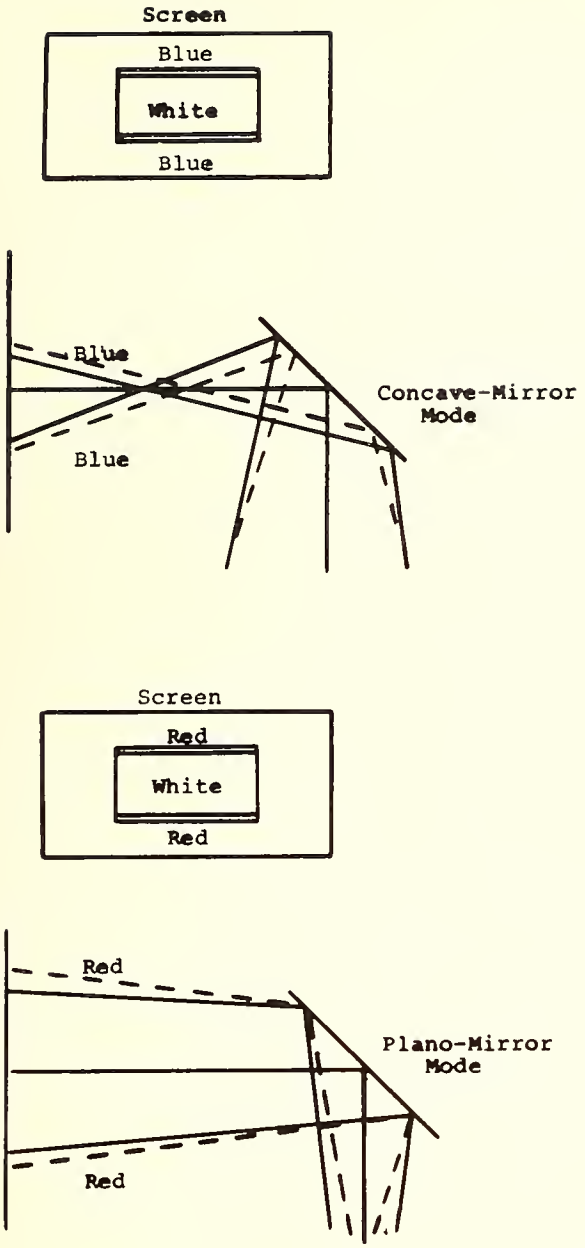

FIGURE 7

The chromatic aberration of the retinoscope's optics is - is shown to be responsible for the colored rays of figs. 5 and 6. Since the vergence of the blue spectrum is greater, the blue focus in concave-mirror is closer to the mirror and produces the effect shown at the top. The vergence of red being less produces the effect at the bottom. The extreme rays at the edge of the beam are then blue or red, depending on the mirror mode used.

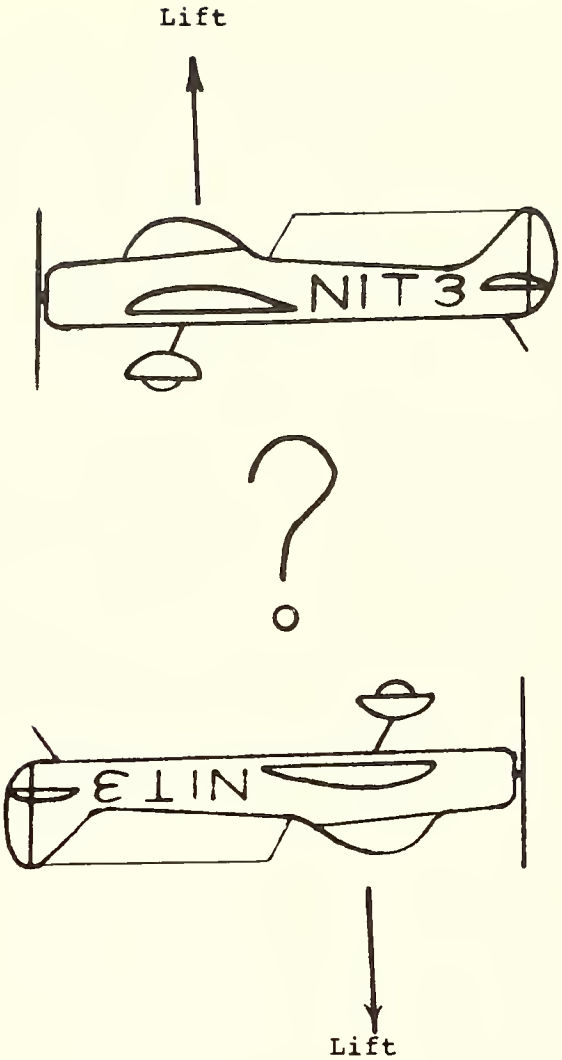

FIGURE 8

EDITOR'S NOTE:

At last meeting, the author still appeared reasonably normal and claimed to have found some hints towards the solution of #1. We solicit comments from the readers and will publish these and our own comments in the next issue.

IN THE NEWS

Maurice H. Saval, for many years a trustee of the Massachusetts College of Optometry and a recipient in 1966 of the Honorary Degree of Doctor of Humane Letters, has recently achieved a new honor. He has been appointed to the Board of Trustees of Emerson College. This most recent honor is in addition to Mr. Saval being one of a group of insurance men to receive the Albert Bowker Award for outstanding services in promoting the interests of the public and the insurance profession, to being a Fellow of Brandeis University and is currently chairman of the Massachusetts delegation of the New England Board of Higher Education.

Visual and Auditory Perception
by Gerald M. Murch
Published by the Bobbs-Merrill Company, Inc.

FIGURE 1. The Rat/Man Drawing

Man or mouse? Visual curiosity or visual perception?

More often than not when we think of visual perception we think in terms of the relationship between our subjective visual experience and the environment. Those phenomena usually considered as perceptual-color vision, contrast, brightness, pattern recognition and the constancies—are generally considered in terms of the perceptual experience as a function of specific energy patterns impinging on the retina. Illusions, reversible or ambiguous figures, unless considered from a neurophysiological point of view, are apt to be regarded more as visual curiosity than visual perception.

That our perceptual experiences may, in fact, be a recreated "best guess" or hunch based on internal drive states, level of arousal and expectations as well as the rather sketchy input from our sense organs may seem alien to our thinking as we laboriously ponder each fact and figure in an attempt to relate experience to environment to neurophysiological mechanism. Yet, examination of ambiguous figures such as the rat/man drawing shown above, the Necker Cube, the Ames Window, or any one of dozens of optical illusions clearly indicates that several pieces are missing to the puzzle of perception. There is, so it seems, more to perception than meets the eye.

In his book **Visual and Auditory Perception**, Gerald Murch argues that perception is not an automatic stimulus-response process with the recorded response showing a high correlation with the stimulus input. To quote Murch, from page 8 of his book:

> "We are viewing perception as a dynamic process in which sensory messages play an integral but subordinate part. Of greatest import are the programmed experiences of the perceiver in the form of hypotheses, motor actions, interrelationships between inputs and so on. Perception is not the passive processing of information through specific channels; obviously it is an active process. Other models of perception—particularly those based on a computer simulation of the coding and encoding of input—have often failed to acknowledge the active role of the perceiver."

Murch's approach is not a new one; certainly Ames, Asch, Bruner and others have considered perception as something more than the environmental input. Murch, on the other hand, considers the dynamics of perception by providing a specific model, shown in the diagram below. This model is based on the work of Shiffrin an Atkinson.

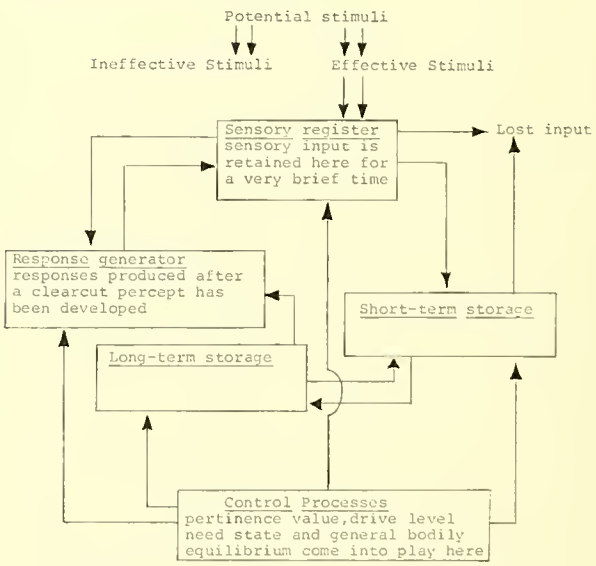
Potential stimuli
Ineffective Stimuli
Effective Stimuli
Sensory register
sensory input is retained here for a very brief time
Lost input
Response generator
responses produced after a clearcut percept has been developed
Short-term storage
Long-term storage
Control Processes
pertinence value, drive level need state and general bodily equilibrium come into play here

FIGURE 2. Murch's Basic Model of Perception

Although it is not always obvious, throughout his book Murch relates information pertaining to vision and audition to the basic segments of his model. Incidentally, almost all of the information presented was gathered prior to 1969, with most references coming between 1950 and 1969 and a secondary cluster of references from before 1900.

Visual and Auditory Perception contains a great deal of information, perhaps too much information for a smoothly integrated presentation. As I see it, the bulk of the information covered in the book leads to two major differences. First, with so much material some topics are skimmed over in the lightest manner; under these conditions there are times when it becomes difficult to maintain a thread of relevance from topic to topic. In some instances the discussion is so short that there is a risk of misinterpretation or insufficient understanding of the material discussed on the part of the reader. In my opinion, the sections on masking, Sperling's iconic memory and the ontogenesis of perception are not discussed with sufficient detail to insure a basic understanding of the material.

Second, with so much information it was difficult to follow the relationships between the basic model presented by Murch in Chapters 1 and 3 and the material presented. It seemed to me that some of the material was included not because it related to the basic aim of the book, but more so because it is usually found in a book on perception. For example, I saw little necessity for the material on the perception of color to appear as Chapter 2. The material in this chapter is relevant to Murch's point of view but by including the chapter on color, Murch managed to split the introductory comments concerning his model for perception from a detailed discussion of the elements of this model. This book was disappointing to me in that what was promised as an interesting discussion of perception in the early part of Chapter 1 turned out to be little more than a standard textbook on visual and auditory perception. While the material presented is relevant to the idea that there is more to perception than the visual input, this relationship is not always apparent.

On the positive side, the book does seem to be a good choice for the individual who desires a stepping stone to a more extensive understanding of perception. Many topics are listed with references provided, the book is generally easy to read; it is intended as an introductory text, and includes an 11-page glossary of terms commonly associated with perception.

Visual and Auditory Perception would be valuable to the optometric student or practicing optometrist who would like to broaden his knowledge in the area of perception, or desires insight into specific, perceptually related areas such as reading, or simply wants to know what might be going on between the image on the retina and the patient's response. Although the book is not directed toward optometry, it should pose no difficulty to the optometrist in terms of understanding. There seems to be just enough familiar information to create a feeling of confidence, yet not enough to be boring or redundant; such familiar areas covered are visual acuity, color perception, perception and prisms, and the perception of depth.

Any reservations pertaining to the auditory perception portion of the book raised on the part of the optometrist would probably be unfounded. The book is primarily concerned with vision and the material presented which deals with the auditory system is interesting and often relevant to visual processes.

Frederick C. Bleck, Ph.D.

The Case for American Medicine:
A realistic look at our health care system.
by Harry Schwartz
Published by David McKay Company, Inc.

If you have read reports of the great "doctor shortage" and then looked at your own practice and thought something was wrong—then listen to Schwartz. He points out that the number of surgeons looking for jobs in 1971 was five times as great as the number of opportunities! We all know, as Schwartz mentions, that "Ph.D.'s are a glut on the market . ." but you probably thought that a practicing first class, board-certified internist and graduate of a highly regarded medical school would be extremely busy. So did Schwartz until he interviewed one and found to his astonishment that his reception area was empty except for a nurse. He received an immediate interview, stayed for an hour during the busy period of the day, during which time not one phone call was received and the office was still empty when he left. Did you know that "free" government eye care was 40% higher in cost than private care? This book is filled with myth-busting facts about the "health crisis", H.M.O.'s, insurance schemes and government plans for new health regulations and legislation. You may want to read this book to say "I told you so" or to try to improve the existing system. Whatever your reason if you are at all interested in this industry that you are part of — read this book.

Jack Daubs, O.D., M.P.H.

IN THE PUBLIC EYE

CLASS OF '71

Classmates of Dr. Richard Sarlitt! Please note! He has notified the Editors of the Journal of his new address and that he was married on September 23rd, 1973. We recommend that his example be followed, especially in notifying us of any change of address!

FIRST YEAR CLASS

Announcement of the birth of a boy by Stephen and Joanne S. Byrnes. The baby, Kieran Stafford, was born at St. Joseph's Hospital, Lowell, Mass. on the 24th of September, 1973.

COLLEGE OFFICE STAFF

Beth, our most accommodating and efficient switchboard receptionist, has been promoted to the title of "Mrs." (now Mrs. Don Wills).

Mrs. Lorraine Clark, Dr. Baldwin's Secretary, has resigned. Her position has been filled by Mary Whitney.

CLASS OF '40

Dr. Hayvis Woolf of Cranston, R.I. has been named Administrator of a federal program involved in improving and coordinating traininng of local communities' officials and employees. A grant of $35,000 will fund this program and will be distributed to various Rhode Island Community Affairs and Public Personnel Directors Associations.

CLASS OF '73

Dr. David Vito has been awarded the 1973 Harold Kohn Memorial Award of the American Optometric Foundation. This cash award of $200 was presented at Commencement Exercises.

IN MEMORIUM

Dr. Walter I. Brown	Dr. Michael F. Chessell '50
Dr. Richard Dexter '38	Dr. Ralph Gaeta '33
Dr. Marshall Mark '42	Dr. Kenneth H. Holt '38
Dr. Walter Donahue '49	Dr. Gleason A. Rand, Jr.
Dr. Stephen J. Duval '28	(son of Dr. Rand '25)

WHERE ARE THEY NOW?

Patnick, Joseph '64	Last known address, Philadelphia, PA
Pouyat, Damon '71	Last known address, Yonkers, NY
Cohen, David E. '36	Last known address, Encino, CA
Greenberg, Joanne '68	Last known address, Southfield, MICH
Boehm, Howard	Last known address, Brooklyn, NY
Biscornet, Albert '31	Last known address, Nashua, NH
Arsenault, James '27	Last known address, Worcester, MA
Weiss, Jerome	Last known address, Syracuse, NY

ALUMNI SUPPORT
BENEFIT DINNER DANCE FOR MCO

Mrs. Alfred J. Roy of Fall River, Mass., President of the Massachusetts Society of Optometrists Auxiliary, was chairman of a Harvest Dinner Dance held on Saturday, November 10th, 1973 to aid the Massachusetts College of Optometry. Mrs. Roy is the wife of Alfred Roy '37, a Life Member of the Alumni Association.

The event was held at the Chateau De Ville in Framingham, Mass. Over 130 friends of the College and Alumni enjoyed the evening of good food and good dance music in luxurious surroundings.

Mrs. Roy introduced members of her committee; Mrs. Roland Blanchard of Reading, Mrs. Glenn Gulezian of Andover, Mrs. George Montminy of Dracut, Mrs Dewey Clason of Shrewsbury, and Mrs. Mark Folgues of Worcester.

Lucky winners of the many door prizes were presented with their prizes by Mrs. Roy and the evening was climaxed by the presentation to Dr. Baldwin, President of the College, with a substantial check which represented the proceeds of the successful fund raising effort on the part of the Auxiliary. It is hoped to be scheduled as an annual affair in planned programs of the Auxiliary.

Active Alumni Membership for the Year of 1973

The following list of Alumni includes those who, by paying their 1973 dues, have made it possible for the Alumni Association to function as an organization dedicated to the interests of M.C.O. This list is corrected to 11/13/73. If your name should have been included, please contact Dr. Morris L. Berman, Executive Secretary, 424 Beacon St., Boston, MA 02115 and the necessary corrections will be made.

Additional list, not in order of year of graduation, is at the end of these pages and all names will be included up to time the Journal goes to press.

LIFE MEMBERS

Dr. Richard Baker	'32	Dr. Carroll Martus	'60
Dr. William R. Baldwin		Dr. Ernest H. McVay	'42
Dr. Simon Bagdigian	'53	Dr. Joseph V. Medeiros	'53
Dr. Leon Baronfeld	'52	Dr. Joseph Miller	'35
Dr. Gilman Bouchard		Dr. George Montminy	'69
Dr. James A. Casey, Jr.	'53	Dr. Joseph Montminy	'32
Dr. Joseph Comalli	'60	Dr. Paul Montminy	'65
Dr. Richard Duffy		Dr. Donald L. Nahigyan	'49
Dr. John Eleftherio	'52	Dr. Robert W. North	'62
Dr. Gerald Fay	'61	Dr. Leonard Pacheco	'38
Dr. Donald O. Feltus	'39	Dr. Adelbert O. Parrott	'34
Dr. Mark J. Forgues	'31	Dr. Costos Poulos	'43
Dr. Fernand W. Fortin	'38	Dr. Arnold M. Richmond	'48
Dr. Irving Fradkin	'43	Dr. Norman F. Riley	'49
Dr. Harry Gerlan	'50	Dr. Norman E. Robinson	'36
Dr. George V. Gianis	'50	Dr. Abraham Rosenstein	
Dr. Emanuel S. Glasser	'53	Dr. Alfred J. Roy	'37
Dr. Irving F. Glasser	'48	Dr. Mark Saulnier	'41
Dr. Glen Gulezian	'65	Dr. Ira Schwartz	'53
Dr. Aram S. Gulezian	'34	Dr. Forrest Seavey	'59
Dr. Alfred D. Hanson	'38	Dr. David L. Shaff	'71
Dr. David G. Hodgkins, Jr.	'39	Dr. Solomon Slobins	'50
Dr. G. Burtt Holmes	'52	Dr. Emerson Smith	'50
Dr. Walter H. Johnson		Dr. Waldron Smith	'44
Dr. Albert King	'49	Dr. Paul White	'61
Dr. Max Klibanoff	'34	Dr. Carl E. Whitehouse	
Dr. Monthe Kofos	'43	Dr. Clinton Wilson	'43

ACTIVE ALUMNI MEMBERSHIP

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Dr. John A. Higgs

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Dr. Paul H. Drisko

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Dr. George C. Harrington
Dr. Walter N. Howe

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Dr. Charles Holden
Dr. Lester Minihan
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Class of 1925 8%
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Dr. Robert A. Parsons
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Dr. Harold Klibanoff

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Dr. T. Blake Smith

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Dr. Deane A. Hilliard
Dr. Henry Schurgin

(* Asterisk after name indicates Life Member)

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Dr. John J. Meagher
Dr. Robert Moritz
Dr. Donald L. Nahigyan *
Dr. Haskell I. Rapoport
Dr. Melvin Richmond
Dr. Norman F. Riley*
Dr. Joseph M. Rockett
Dr. Norman Ruby
Dr. Chester Smith
Dr. Richard M. Snow
Dr. L. Jerome Stein
Dr. J. Malcolm Stewart

Class of 1950 48%
Dr. Jack C. Baboian
Dr. Victor Basil
Dr. Stuart Berger
Dr. Donald J. Byrne
Dr. Joseph Cedrone
Dr. Carl Cooperstein
Dr. Armand Cote
Dr. Burton Cowan
Dr. Gerald S. Davis
Dr. Ralph I. Dinin
Dr. Gerald S. Feldman
Dr. Roland A. Fogg
Dr. Peter Gaetani
Dr. Harry Gerlan *
Dr. Burton Gerson
Dr. Seymour Gersten
Dr. Abraham Gottesman
Dr. Robert Kisner
Dr. Melvin B. Kranseler
Dr. David Kurland
Dr. Dexter W. Laton
Dr. Thomas W. Lesniak
Dr. Lawrence MacDonald
Dr. Robert Moody
Dr. John Musserian
Dr. Harold Pollack
Dr. Alfred Rappaport
Dr. Norman Rice
Dr. Donald Robinson
Dr. Raymond M. Shaffer
Dr. Solomon Slobins *
Dr. Emerson Smith *
Dr. Egon R. Werthamer
Dr. Hans M. Wolff

Class of 1952 52%
Dr. Donald J. Ackley
Dr. Jacob Bailen
Dr. Leon Baronfeld *
Dr. Norman L. Becker
Dr. M. Stuart Berman
Dr. Israel Bloomfield
Dr. Eugene Bogage
Dr. Erwin Chernoff
Dr. Henry Cohen
Dr. Stephen Daduk
Dr. John Eleftherio *
Dr. Richard Emery
Dr. William Feinblum
Dr. Robert Goodwin
Dr. Theodore Goolst
Dr. Oscar B. Hill
Dr. G. Burtt Holmes *
Dr. Nathan Insuik
Dr. Ernest Kahn
Dr. Murray Kates
Dr. Sidney Kaminstein
Dr. Leo Kershner
Dr. William Myers
Dr. Romeo Ouellette
Dr. William Rosselli
Dr. Robert Saul
Dr. Bernard Stecher
Dr. Thomas L. Vermes
Dr. Harry Zeltzer
Dr. Leonard Zuckerbaum

Class of 1953 45%
Dr. Herbert Aaron
Dr. Philip Bern
Dr. Simon Bagdigian *
Dr. James A. Casey, Jr. *
Dr. Charles Claughsey
Dr. Leonard Finger
Dr. Emanuel S. Glasser *
Dr. Allen Kurlan
Dr. Joseph V. Medeiros *
Dr. Saul Purcell
Dr. Mark P. Tedesco

Class of 1954 41%
Dr. Raymond Alie
Dr. Michael Bolvin
Dr. Jerome J. Brault
Dr. William Fountain, Jr.
Dr. Carmine Guida
Dr. Rne LaPlante
Dr. Stanley Levine
Dr. Harry S. Marcus
Dr. Louis Page
Dr. Marc Peloquin
Dr. Abraham Shapiro
Dr. Morris Toll
Dr. Jerome Wasserman
Dr. Walter Welch

Class of 1955 33%
Dr. Thomas A. Couch
Dr. John M. Gould
Dr. Alton W. Lamont
Dr. Robert B. Packer
Dr. William J. Ryan
Dr. Donald P. Snyder
Dr. Joseph A. Svagdys
Dr. Paul B. Taylor
Dr. William R. Tolford

Class of 1956 20%
Dr. Robert Milot
Dr. Albert Roy
Dr. William Hissey
Dr. Isadore E. Sol

Class of 1957 50%
Dr. Joseph W. Alger
Dr. Martin J. Baer
Dr. Howard Coleman
Dr. Charles J. Connors
Dr. Gerald Garand
Dr. Donald Korb
Dr. Thomas W. Lane
Dr. James R. Prince
Dr. Edward F. Richards
Dr. Robert Shulman
Dr. Charles Leighton

Class of 1958 33%
Dr. John Fiorentino
Dr. Philip Hughes
Dr. Sumner Kagan
Dr. Paul Manning
Dr. Sydney M. Rudy
Dr. Herman Katims

Class of 1959 40%
Dr. Thomas A. Callahan
Dr. Armand Drucker
Dr. Clark Elkind
Dr. Marvin Finkelstein
Dr. Nathan Flax
Dr. Roland E. Gaudette
Dr. Emery A. Houle
Dr. Anthony Iati
Dr. Edward C. Mehl
Dr. H. Z. Kudon
Dr. Ernest Rascati
Dr. Forrest Seavey *

Class of 1960 62%
Dr. Richard Banford
Dr. Joseph Comalli *
Dr. Edmund Cowie

Dr. Theodore F. Elliott
Dr. Frank Field
Dr. Robert L. Knoop
Dr. Norman L. Krellen
Dr. Arnold J. Lapidus
Dr. Jonas Loring
Dr. Harvey Leavitt
Dr. A. A. Lobel
Dr. Earl Lizotte
Dr. Carroll Martus *
Dr. Robert McNulty
Dr. Andrew Portoghese
Dr. Irving G. Selbert
Dr. Gilbert Sellars
Dr. Marshall Feldman
Dr. Elias Shaneson
Dr. Philip Steinberg
Dr. Charles W. Sweeney
Dr. Maurice Tartell
Dr. Theodore S. Thamel
Dr. Norman K. Varnum
Dr. Mark L. Wiener
Dr. Stanley Young

Class of 1961 55%
Dr. Murray I. Blanchard
Dr. George S. Bournakel
Dr. Bruce G. Brodsky
Dr. Joseph R. Donatelle
Dr. Gerard J. Fay *
Dr. Kurt K. Field
Dr. Stanley W. Feller
Dr. Richard J. Glenn
Dr. George Hellinger
Dr. A. A. Hubal
Dr. Robert J. Kennedy
Dr. Roger McCarthy
Dr. Julius Posner
Dr. Robert M. Nochimson
Dr. Gilbert H. Poss
Dr. Joseph Robins
Dr. Bernard B. Rosen
Dr. Donald R. Saferstein
Dr. Jay Schecter
Dr. Norman L. Schwartzman
Dr. Robert E. Senn
Dr. Ralph B. Tocher
Dr. Gerorge Wertheim
Dr. Paul F. White *

Class of 1962 50%
Dr. Alvin G. Bluhm
Dr. Robert E. Brennan
Dr. Michael Consiglio
Dr. James H. Fantazian
Dr. Abraham Fleck
Dr. Philip E. Friedman
Dr. Robert Golden
Dr. Gerald Kass
Dr. Carl I. Murphy
Dr. Robert W. North *
Dr. Alfred F. Papineau
Dr. George Prevost, Jr.
Dr. Richard J. Stabile

Class of 1963 44%
Dr. John E. Callinan
Dr. Joseph A. D'Amico
Dr. Paul E. Grattan
Dr. Robert Honnors
Dr. Seymour Kornfield
Dr. David Kuperstein
Dr. James E. Ouellette
Dr. Milton W. Schulman
Dr. Clifford Simons
Dr. Laurence Stamm
Dr. Julius Stern
Dr. J. Baxter Swartwout
Dr. Gustav Strebel
Dr. Edward Riaboy
Dr. Harvey G. West
Dr. Myer Zendel

Class of 1964 35%
Dr. Marvin Baum
Dr. Richard Bello
Dr. James Brockway
Dr. E. Robert Grossman
Dr. Carl Gustafson
Dr. David Housman
Dr. Franklin Levin
Dr. Calvin Price
Dr. Frederic Rose
Dr. David Smith
Dr. Edward L. Steinberg

Class of 1965 42%
Dr. Joseph Bickford
Dr. Robert T. Frankel
Dr. Glen Gulezian *
Dr. David Jordan
Dr. Alan Lewis
Dr. Philip Linsky
Dr. William Maier
Dr. Paul Montminy *
Dr. Calvin Perry
Dr. Tere Porter
Dr. Arthur Tieri
Dr. John Toscano

Class of 1966 55%
Dr. John Archibald
Dr. Willard Carpenter
Dr. Donald Czelusniak
Dr. Theodore Edmonds
Dr. Matthew Elgart
Dr. Matthew Garston
Dr. David Ferris
Dr. James Georgis
Dr. Joseph Glennon
Dr. Carl Guning
Dr. Martin A. Kaplan
Dr. John P. Kavanagh
Dr. Bruce Kirn
Dr.. Ralph H. Phaneuf
Dr. Robert A. Titelbaum
Dr. Chester J. Twarowski
Dr. Louis J. Zglobicki

Class of 1967 52%
Dr. Paul Adrien
Dr. Arthur W. Baker
Dr. Frederick Blank
Dr. Leonard Boyek
Dr. Peter Cerruti
Dr. Neill Cowles
Dr. John A. Duggan
Dr. George J. Ehlert, Jr.
Dr. Richard Gramsey
Dr. William A. Greenberg
Dr. Allen Kaplan
Dr. Lawrence Kline
Dr. Ronald Levitt
Dr. William Ling
Dr. Michael A. Newman
Dr. Wesley Nichols
Dr. Frank J. Pimentel
Dr. Sebastian Polizzi
Dr. William Smith
Dr. Alfred E. Suckow
Dr. Arnold Vogel
Dr. Frederick Woll
Dr. Ronald Tishler

Class of 1968 25%
Dr. Lester M. Brackley
Dr. Alan L. Grossman
Dr. Steven Saramanidis
Dr. Clifford A. Scott
Dr. Mary K. Scott
Dr. Harrison T. Smiley II
Dr. John J. Tomasi, Jr.
Dr. William F. Wats, Jr.

Class of 1969 37%
Dr. Daniel Appleton
Dr. Kenneth Arruda
Dr. Henry Boroyan
Dr. Anthony Cassani
Dr. Carl E. Doughty
Dr. Robert Duckman
Dr. Michael Iannuccilli
Dr. Joel Marcus
Dr. George Montminy *
Dr. Lewis Palosky
Dr. Gordon Price
Dr. Harland W. Robinson
Dr. Errol Rubin
Dr. Edward Schwartzberg
Dr. Jon Volovick

Class of 1970 12%
Dr. Edward Grant
Dr. Bruce P. Hillman
Dr. Arthur S. Jankolovits
Dr. Peter M. Kumpitch

Class of 1971 21%
Dr. Samuel J. Baron
Dr. James A. Casazza

Dr. Peter P. Cottone
Dr. Barry M. Fisch
Dr. Richard A. Sarlitt
Dr. Neil I. Schram
Dr. David L. Shaff *
Dr. Terry L. Walton

Class of 1972 6%
Dr. J. Benjamin Brumberg
Dr. Richard Martino
Dr. Brian Roy

Class of 1973 (Honorary for year)
Dr. Jeffrey Adler
Dr. Francis Aprea
Dr. Charles Armstrong
Dr. Stephen Ashinoff
Dr. Jerry Baker
Dr. William Beeaker
Dr. Myron Berlatt
Dr. Ethan Bialostozky
Dr. Jonathan Birnbaum
Dr. Edward Burns
Dr. Wilfred Butterfield
Dr. Kenneth Ciuffreda
Dr. Mark Dalins
Dr. William Dolan
Dr. Michael Edelstein
Dr. Chester Fichandler
Dr. James Freedman
Dr. Arthur Friedman
Dr. Mark Goldberg
Dr. Joel Goodman
Dr. Barry Gootson
Dr. Howard Grad
Dr. Richard Grossman
Dr. Rodney Gutner
Dr. Donald Harraghy
Dr. Raymond Helfand
Dr. John Herman
Dr. James Hester
Dr. Donald Johnston
Dr. David Kahan
Dr. Charles Mandel
Dr. John Maurillo
Dr. Robert McQueeny
Dr. Thomas Meeaker
Dr. Allen Neuhaus
Dr. James Pearson
Dr. Joseph Presti
Dr. Jeffrey Rose
Dr. Martin Sabesan
Dr. David Schwartz
Dr. Gerhard Sefranek
Dr. Paul Seidel
Dr. Gerald Selvin
Dr. Mark Shafiroff
Dr. Joseph Shapiro
Dr. Kenneth Shepard
Dr. Albert Sherburne
Dr. Herbert Shuer
Dr. Terry Smith
Dr. Richard Stein
Dr. William Vaughan
Dr. David Vito
Dr. Frederick Wagner
Dr. Larry Wallace
Dr. Michael Wellington

ADDITIONAL LIST OF NAMES
(NOT IN YEARLY ORDER)
RECEIVED AFTER 11/13, in order of receipt.

Dr. Thomas F. Cochary	'52	Dr. Robert Miller	'65	Dr. Alfred Rosati	'55
Dr. Nathan Aronson	'41	Dr. Bernard Potvin	'47	Dr. Arthur Berger	
Dr. Eugene Longo	'49	Dr. Louis Siegel	'44	Dr. Richard Crinigan	'60
Dr. Solomon Rosemark	'42	Dr. James Tompkins	'71	Dr. Han Dong	'69
Dr. Marcus Soutra	'34	Dr. Michael Zucker	'68	Dr. Samuel Drucker	'33
Dr. Solomon Lipsky	'34	Dr. Kenneth Landry	'47	Dr. Barry Friedman	'69
Dr. Frank J. Garfi	'42	Dr. Martin Meltzer	'53	Dr. Albert Glucksman	'58
Dr. John R. Flaherty	'48	Dr. Charles Proulx	'32	Dr. Marvin Hertzel	'69
Dr. David Regan	'67	Dr. Gordon Rand	'38	Dr. Joseph McDermott	'43
Dr. Joseph Birnbaum	'63	Dr. Edward Storer	'41	Dr. Peter Piscia	'58
Dr. Charles Donahue	'38	Dr. John Tully	'50	Dr. Arthur Breen	'52
Dr. Herman Goldberg	'61	Dr. Meyer Finkelstein	'52	Dr. Harry Pass	'65
Dr. Theodore Gordon	'69	Dr. Franklin Michelson	'64	Dr. Gerald Harris	'65
Dr. Alexander Maclean	'49	Dr. Gleason Rand	'25	Dr. Joseph E. Cauley	'50
		Dr. George Wertheim	'61		

Diabetes Explained
by Arnold Bloom, F.R.C.P.
Published by University Park Press

Diabetic patients are commonly seen in optometric practice and O.D.'s are well acquainted with the eye signs, symptoms and complications of this disease. Although, they know the ocular signs many O.D.'s may be a bit weak or out-of-date in their over-all knowledge of diabetes. This book will fill in these informational gaps.

The book was written for the non-medical audience but is an accurate, up-to-date, comprehensive review of diabetes. It may not be too helpful to the recent graduate who is probably well informed (although the practical aspects of diabetes are seldom covered in the classroom). For the beginning student or the busy practitioner this book should be an excellent easy review of diabetes.

The book is easy to read, well arranged and of quality construction. I believe every optometrist should know at least as much about diabetes as his diabetic patients. This book will bring the O.D. up-to-date on the modern treatment, control, complications and practical problems of diabetes without a detailed search through the complex clinical literature. For $6.95 this book is a good buy.

Jack Daubs, O.D., M.P.H.

IN THE PUBLIC EYE

Dr. William Baldwin, President of MCO, was recently elected President of the Association of Schools and Colleges of Optometry.

Dr. Baldwin recently appeared before a U.S. Senate subcommittee on health asking that Federal aid be restored to 1972 levels or higher for the 1974 appropriations for the Department of Health, Education and Welfare. Restored appropriations would ensure scholarships and special project grants and would free construction plans now being held in abeyance due to the elimination of these specific grants.

Dr. Walter N. Howe '23 has been appointed chairman of the Library Fund Committee. He hopes to receive donations of books from older graduates to augment the College Library now being catalogued by our Librarian, Mrs. Eleanor Warner. Dr. Howe has been involved for many years in the development of cataract lenses and in various visual aid devices similar to the Walter Howe moist chamber goggle, an aid to patients who have an insufficiency of tears or who have lost corneal sensitivity. We hope to publish an article soon by Dr. Howe on the development of cataract lenses during the past 50 years.

CLASS OF '59

Dr. Dewey Clason of Worcester, Mass. is once more in the lead of alumni interested in the Building Fund Drive. He has been appointed as co-chairman of the final phase of the Drive to raise the remaining $300,000 in the goal of $675,000.

CLASS OF '43

Dr. Irving Fradkin of Fall River, Mass. is co-chairman, with Dr. Dewey Clason, of the final phase of the Building Fund Drive. He is also spear-heading the "Century Club", dedicated to raising a million dollar endowment fund.

FIRST YEAR STUDENTS WELCOMED

A reception for the first year students was held on Thursday evening, September 6, at 7:30 p.m.

The new students, some accompanied by family and friends, were greeted by members of the faculty, alumni and administrative staff in the rotunda of the main building at 424 Beacon Street.

A large number of representatives from the Dames Club were on hand to greet the wives and fiancees of the new students.

The young women of the Dames Club, along with the faculty wives served some very delicious and interesting refreshments. Those who participated in this were:

Hope Zigman, Bonnie Kempler, Ellen Solomons, Peggy Doty, Honey Baldwin, Beverly Bleck, Mary Carter, Mae Berman, Eileen White, Shirley Jefferson, Helen Namias, and Barbara Kamens.

The students had an opportunity to meet socially with members of the faculty and administrative staff, and a good time was had by all.

A profile of the 72 member entering class of 1973 indicates that it represents 16 states and 2 foreign countries, a mean grade point (undergraduate) of 2.96, 48 different colleges from which degrees were granted, mean age of students 23 years, with 72% not married, 14% members of minority groups, 22% women.

HONORARY DEGREE RECIPIENTS

The Editors of the Journal thought it might be of interest to delve into college records to determine recipients of honors by the College at graduation time. Listed below is a partial list of personages selected for their previous records and performances. Judging by their present importance in society, the selections spoke well for the judgement of the Honorary Degrees Committee.

1952	
Dr. Walter I. Brown	Doctor of Ocular Science
1953	
Dr. Ernest H. Roberts	Doctor of Ocular Science
1954	
Judge George Roberts	Doctor of Ocular Science
1956	
Dr. Harold R. Barnes	Doctor of Ocular Science
Dr. Foster Namias	Doctor of Ocular Science
1957	
Dr. Robert E. Bannon	Doctor of Ocular Science
Dr. Adelbert O. Parrott	Doctor of Ocular Science
1958	
Dr. Frederick E. Farnum	Doctor of Ocular Science
Dr. Lester H. Sugarman	Doctor of Ocular Science
E. Hutson Titmus	Doctor of Ocular Science
1959	
Harold Kohn Esq.	Doctor of Ocular Science
Dr. David G. MacFarlane	Doctor of Ocular Science
1960	
Dr. Alden N. Haffner	Doctor of Ocular Science
1961	
Dr. Melvin B. Dunbar	Doctor of Ocular Science
David C. Garroway	Doctor of Ocular Science

1962	
Dr. Lois B. Bing	Doctor of Ocular Science
1963	
Alexander Brin	Doctor of Humane Letters
Joseph M. Duffy, Esq.	Doctor of Humane Letters
Alfred L. Moseley	Doctor of Humane Letters
1964	
Judge Jacob J. Spiegel	Doctor of Humane Letters
1965	
Gov. Elliot Lee Richardson	Doctor of Humane Letters
Joseph Salerno	Doctor of Humane Letters
1966	
Owen B. Kiernan	Doctor of Humane Letters
Maurice H. Saval	Doctor of Humane Letters
Dr. William C. Ezell	Doctor of Ocular Science
1967	
John F. X. Davoren	Doctor of Humane Letters
Leon J. Taubenhaus, M.D.	Doctor of Humane Letters
1968	
Maurice A. Donahue	Doctor of Humane Letters
Otto Hochstadt, M.D.	Doctor of Humane Letters
Henry W. Hofstetter, O.D.	Doctor of Ocular Science
1969	
Harold K. Banks	Doctor of Humane Letters
G. Edward Bradley, O.D.	Doctor of Ocular Science
1970	
Ephraim Friedman, M.D.	Doctor of Ocular Science
Paul L. Beaned	Doctor of Humane Letters
1971	
V. Eugene McCrary	Doctor of Ocular Science
Robert Henry Quinn	Doctor of Humane Letters
Everett Walters	Doctor of Humane Letters
1972	
Kevin B. Harrington	Doctor of Humane Letters
William W. Policoff, O.D.	Doctor of Ocular Science
Samuel J. Wasserman, O.D.	Doctor of Ocular Science
1973	
Marshall Victor Mark, O.D.	Doctor of Ocular Science
Frances L. Ilg, M.D.	Doctor of Humane Letters
Brig. Gen. Manley Glenn Morrison	Doctor of Humane Letters

ANY COMMENTS?

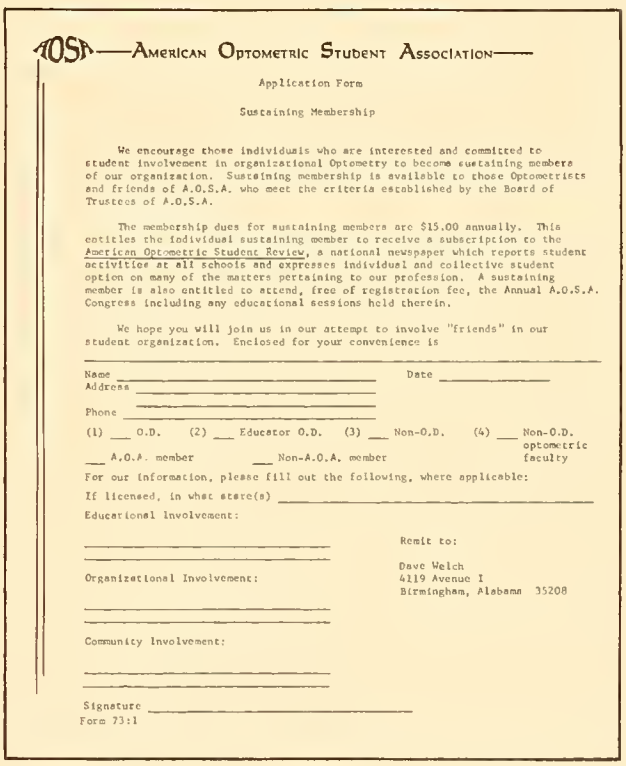
(The following is a letter received at the College recently. The editors believed that it warranted publication to point up to the alumni the need for continuing optometric public relation programs. Evidently present programs **are** reaching the younger generation at the age level necessary to provide the basic education for the pre-Optometry student.)

Dear Sirs:

I am interested in optometry. So far I think it will be my career, although I am only 14. I think being an eye doctor would be neat and think its going to be my career. I was wondering if you could send me some information on your college and the credits needed to become an optometrist. (The reason I chose to send a letter to your college is because hockey is my favorite sport and the Boston Bruins is my favorite hockey team.) I would like to have the information now because I would like to know what subjects would help me in High School. Thank you for reading this letter.

Your freind,
T– a—

November 7, 1973
Bethlehem, Pennsylvania



AOSA—American Optometric Student Association—

Application Form

Sustaining Membership

We encourage those individuals who are interested and committed to student involvement in organizational Optometry to become sustaining members of our organization. Sustaining membership is available to those Optometrists and friends of A.O.S.A. who meet the criteria established by the Board of Trustees of A.O.S.A.

The membership dues for sustaining members are $15.00 annually. This entitles the individual sustaining member to receive a subscription to the American Optometric Student Review, a national newspaper which reports student activities at all schools and expresses individual and collective student option on many of the matters pertaining to our profession. A sustaining member is also entitled to attend, free of registration fee, the Annual A.O.S.A. Congress including any educational sessions held therein.

We hope you will join us in our attempt to involve "friends" in our student organization. Enclosed for your convenience is

Name _____ Date _____
Address _____
_____
Phone _____

(1) ___ O.D. (2) ___ Educator O.D. (3) ___ Non-O.D. (4) ___ Non-O.D. optometric faculty

___ A.O.A. member ___ Non-A.O.A. member

For our information, please fill out the following, where applicable:

If licensed, in what state(s) _____

Educational Involvement:

_____
_____

Organizational Involvement:

_____
_____

Community Involvement:

_____
_____

Remit to:

Dave Welch
4119 Avenue I
Birmingham, Alabama 35208

Signature _____
Form 73:1

HAVE YOU PAID YOUR 1973 DUES??

SUPPORT YOUR ALUMNI ASSOCIATION!!!
PAY YOUR 1973 DUES!! LAST CALL!!

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Massachusetts College of Optometry
424 Beacon Street
Boston, MA 02115

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